

RESPONSIBILITY AGREEMENT

Member Name		Case Manager	
Date		RN	

I, *(insert member name)*, and *(insert CM agency and/or PA agency)* have entered into a formal responsibility agreement. The provider agency has discussed the Aged and Disabled policy 501.29 Rights and Responsibilities with me. I understand that as a member on the ADW program, I must meet the member responsibilities which includes maintaining a safe environment for my worker or those who enter the home and maintain compliance with the ADW program.

I understand that I, *(insert name)* agree to the following to ensure a safe environment in my home and compliance with the program, by *(insert date)*.

<p>Unsafe Environment:</p> <p>Noncompliance with ADW Program:</p>
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I understand that failure to maintain a safe environment for agency employees or compliance with the program may result in an agency request for discontinuation of services. Therefore, I agree to keep my home safe for my workers. I will comply with the ADW program.

Signatures

_____	_____
Member	Date
_____	_____
Case Manager	Date
_____	_____
RN or Resource Consultant	Date
_____	_____
Other	Date